

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17381

State File No.

JUN 12 1943

Registration District No. 41

Primary Registration District No. 1000 513

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural Rushville - R. 2  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 19 years  
years, months or days)

3. (a) PRINT FULL NAME William (True) Duncan

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Agnes Duncan 6. (c) Age of husband or wife if alive Unk years  
7. Birth date of deceased Dec. 5 1878  
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Andrew Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery & lunch room operator

11. Industry or business

12. Name Samuel Duncan

13. Birthplace Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Elam

15. Birthplace Bentley Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm Duncan

(b) Address R 2 Rushville

17. (a) Burial (b) Date thereof 2-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nt Auburn Am

18. (a) Signature of funeral director Thermon & Son Inc

(b) Address St Joseph Mo

19. (a) 2-26-43 (b) Boone St Joseph  
(Date received local registrar) (Registrar's signature)  
Opell Duncan  
(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town Rushville Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R 2 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24  
year 1943 hour 8 minute 37 P.M.

21. I hereby certify that I attended the deceased from Jan 1941  
to Jan 24 1943  
that I last saw him alive on Jan 24  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver  
Duration 1 yr

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death) —

Major findings: Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury —

23. Signature M. T. Dwyer (M. D. or other) M.D.  
Address Wichita, Kan. Date signed 2-25-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 1 1944

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
.....  
working under my personal supervision.

Signed.....  
Registered Apprentice No.....  
Licensed Embalmer No. 3308  
P. O. Address St Joseph mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**